

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000005931 (0)

1. Corporation Name  
NORTH AMERICAN POTBELLED PIG ASSOCIATION, INC.



Principal Place of Business  
408 14 STREET SW  
RUSKIN FL 33570

Mailing Address  
408 14 STREET SW  
RUSKIN FL 33570-4109

3. Date Incorporated or Qualified: 12/02/1994  
3a. Date of Last Report: 02/05/1996

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24  
Country  
25

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

4. FEI Number: 59-3280799  
Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
BAKER, BARBARA  
408 14 STREET SW  
RUSKIN FL 33570

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE: PD NAME: PLAUCHE, KATHLEEN STREET ADDRESS: 707 BATTLE LAKE RD CITY-ST-ZIP: RIESEL TX	<i>Pres, Director</i> <input type="checkbox"/> DELETE
TITLE: VD NAME: ROLEY-HUBER, MARIANNE STREET ADDRESS: PO BOX 918 CITY-ST-ZIP: MT ANGEL OR	<input checked="" type="checkbox"/> DELETE
TITLE: SD NAME: BAKER, BARBARA STREET ADDRESS: 408 SW 14 ST CITY-ST-ZIP: RUSKIN FL	<i>Secretary Director</i> <input type="checkbox"/> DELETE
TITLE: TD NAME: FINCK, JANIE STREET ADDRESS: 1400 S MANOR WAY CITY-ST-ZIP: ST PETERSBURG FL	<i>Treasurer Director</i> <input type="checkbox"/> DELETE
TITLE: D NAME: BALDWIN, LOUISE STREET ADDRESS: 1641 BEDFORD OAKS CITY-ST-ZIP: BEDFORD TX	<input checked="" type="checkbox"/> DELETE
TITLE: D NAME: THOMPkins, BEVERLY STREET ADDRESS: 801 RUGBY PL CITY-ST-ZIP: LOUISVILLE KY	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD BALDWIN, LOUISE 1641 BEDFORD OAKS BEDFORD, TX <i>Vice Pres / Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD FINCK, JANIE 2016-64 ST. COURT EAST BRADENTON, FL 34208 <i>Treasurer Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	CAROL WELCOMB 11161 EDGERTON N.E. ROCK FORD, MI 49341 <i>DIRECTOR</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	NANCY SHEPHERD 304 CO. Rd. 438 ROCHEPORT, MO 65279 <i>DIRECTOR</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara C. Baker* BARBARA C. BAKER 1-20-97 813 641-1278

CR2E037 (9/96)